### FORM D

SEC Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR

1439698	~
OMB APPROVAL	
OMB Number: 3235-0076	
Expires:	
Estimated average burden	
hours per response 16.00	

Serial

SEC USE ONLY

- X .	SECTION 4(6), AND/OR	1 .	TE RECEIVED
~ 101 UNIFORM I	LIMITED OFFERING EXEM	PTION	
Name of Offering ( check if this is an amendment and	d name has changed, and indicate change.)		
TetraVitae Bioscience, Inc Secured Convertible I	Promissory Notes		
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	Rule 505 Rule 506 Section 4(6)	☐ ULOE	
	A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer			
Name of Issuer ( check if this is an amendment and na	ame has changed, and indicate change.)		
TetraVitae Bioscience, Inc.			
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (In	icluding Area Code)
20 North Wacker Drive, Suite 1201, Chicago, Illinoi	s 60606	312.251.0700	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (I	ncluding Area Code)
same as above		same as above	
Brief Description of Business			
The development and commercialization of alterna	tive fuels through biomass conversion.	PROCE	SSED
	nership, already formed other (j	olease specify): JUL 1	1 2008 A
	Month Year	THOMSON	<del>  KFNIFK9</del>
Actual or Estimated Date of Incorporation or Organization:	O 8 O 6 Actual Estin	nated	
Jurisdiction of Incorporation or Organization: (Enter two-			
CN for Ca	anada; FN for other foreign jurisdiction)	00	
GENERAL INSTRUCTIONS			

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities address given below or, if received at that address after the date on and Exchange Commission (SEC) on the earlier of the date it is received which it is due, on the date it was mailed by United States registered of

Where To File: U.S. Securities and Exchange Commission, 450 Fifth

Copies Required: Five (5) copies of this notice must be filed with the photocopies of the manually signed copy or bear typed or printed sign

Information Required: A new filing must contain all information req. thereto, the information requested in Part C, and any material changes from the unannot be filed with the SEC.

. Any copies not manually signed must be

ime of the issuer and offering, any changes 'arts A and B. Part E and the Appendix need

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA								
2. Enter the information requested for the following:								
<ul> <li>Each promoter of the</li> </ul>	• Each promoter of the issuer, if the issuer has been organized within the past five years;							
<ul> <li>Each beneficial own</li> </ul>	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.							
<ul> <li>Each executive offi</li> </ul>	cer and director of	corporate issuers and of	corporate general and man	naging partners of p	artnership issuers; and			
<ul> <li>Each general and m</li> </ul>	anaging partner of	f partnership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner			
Full Name (Last name first, if Banta, John	individual)							
Business or Residence Addres 2001 S. First Street, Suite	•		ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner			
Full Name (Last name first, if Blaschek, Hans P., Ph.D.	•							
Business or Residence Addres 20 North Wacker Drive, Su		Street, City, State, Zip Co go, Illinois 60606	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Kouba, Jay	`individual)							
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)					
20 North Wacker Drive, St	uite 1201, Chica	go, Illinois 60606						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name tirst, if	individual)							
Tetravitae Investments, LL	-C							
Business or Residence Addres 10 Glenville Street, Greer	•	• • • • • • • • • • • • • • • • • • • •	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Illinois Emerging Technol								
Business or Residence Addres 20 North Wacker Drive, S			ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if Illinois Ventures, LLC	`individual)							
Business or Residence Addres 20 North Wacker Drive, S	•		ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if RPM Ventures Holdings,	•							
Business or Residence Addres 320 North Main St, Ste 40	•		ode)					

	B. INFORMATION ABOUT OFFERING												
,	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No <b>⊠</b>			
٠.	Answer also in Appendix, Column 2, if filing under ULOE.							Ľ	<u>k</u>				
2.								\$ 250	0,000				
	2. What is the minimum investment that will be accepted from any morvidual:							Yes	No				
3.			permit join									_	_
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.							;					
	ll Name ( one	Last name	first, if ind	ividual)									
		Residence	Address (N	lumber and	l Street, Ci	itv. State. Z	in Code)		<u> </u>				
			(			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>,</i>						
Na	me of As	sociated B	roker or De	aler									
Sta	ites in Wh	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				•		
	(Check	"All State	s" or check	individual	States)	***********			***************************************			□ \( \Lambda \)	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	ll Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (I	Number an	d Street, C	ity, State, 2	Zip Code)		•				
Na	me of As	sociated B	roker or De	aler									
Sta	ites in Wi	ich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		•				
	(Check	"All State	s" or check	individual	States)		***************************************			*****	•••••••	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	Full Name (Last name first, if individual)												
Bu	Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check "All States" or check individual States)									l States			
	AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI								HI MS OR WY	ID MO PA PR			

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# 1

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u> </u>	\$
	Equity	S	
	Common Preferred  Convertible Securities (including warrants)		750 000 00
	Partnership Interests		
	Other (Specify)		
	Total	1,500,000.00	\$ 750,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."  Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases § 750,000.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)		\$
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	There are Official	Type of	Dollar Amount Sold
	Type of Offering	Security	
	Rule 505		s
	Regulation A		3
	Rule 504	•	\$ \$_0.00
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 15,000.00
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total	_	45.000.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS								
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."			1,485,000.00 \$				
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part							
			Payments to Officers. Directors, & Affiliates	Payments to Others				
	Salaries and fees			. D\$				
	Purchase of real estate			\$				
	Purchase, rental or leasing and installation of mac and equipment	\$	s					
	Construction or leasing of plant buildings and fac		. [ s					
	Acquisition of other businesses (including the val offering that may be used in exchange for the asset issuer pursuant to a merger)	¬ <b>s</b>	□\$					
	Repayment of indebtedness		_					
	Working capital							
	Other (specify):							
			\$	. 🗆 \$				
	Column Totals	[	s 0.00	1,485,000.00				
	Total Payments Listed (column totals added)	<b>☑</b> <u>\$_1,485,000.00</u>						
	D. FEDERAL SIGNATURE							
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commis	sion, upon writte					
	uer (Print or Type)	Signature 7	Date 2/2/ 00					
Te	traVitae Bioscience, Inc.	Title of Signer (Print or Type)	7/3/08					
	me of Signer (Print or Type)							
Jay	Kouba							

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)